

**Data Request  
Confidentiality Agreement Form  
West Virginia Division of STD, HIV, & Hepatitis  
Phone: 1-800-642-8244  
Fax Requests to: 304-558-6478**

**Requesting Party:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Specific Information Requested:**

**Intended Use of Data:**

**Procedure for Protecting Confidentiality:**

*No additional release of this information will be allowed without the written permission of the Director of the Office of Epidemiology & Prevention Services*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_